

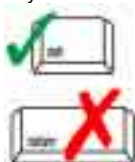


Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Watershed Management
Water Management Act Program

Registered & Permitted Withdrawals Annual Report Form - Year 2003

Important:

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Instructions

This Annual Report Form is for reporting water withdrawals required by the Water Management Act (MGL c. 21G). The Annual Report Form should be used by industrial, agricultural, golf course and any 'Other' uses that have Water Management Act Program registrations and permits. Cranberry growers file a separate Annual Report Form. Completion of this Annual Report Form is a requirement of Massachusetts law.

1. Please complete the Annual Report Form by **February 15, 2004** and return to the:

**Department of Environmental Protection
Water Management Act Program
One Winter Street, 6th floor
Boston, MA 02108**
2. If you have water withdrawals from more than one river basin, please complete a separate Annual Report Form for each.
3. Annual Reports must be submitted even if no withdrawals were made during the year.
4. For each ground or surface water withdrawal point, please fill out Section B - Individual Withdrawal Points Information.
5. Section B requires that recorded or metered data be entered. If metered data does not exist, give the best monthly estimate or the method outlined in your registration statement. Document your estimate and identify the method used.
6. Section C - Total Annual Withdrawal Information is the summation of all the Section B Individual Withdrawal Points.
7. Section D - New Withdrawal Points has to be completed only if a new water source has been added at the site(s) during calendar year 2003.
8. Section E - Registration and Permit Conditions should be completed if conditions are required to be met on an annual basis.
9. Section F - Certification must be completed by the certifying and responsible party.
10. Please contact the Water Management Act Program staff at (617) 292-5706 if you have questions concerning completion of this form.

This form may be downloaded at www.mass.gov/dep/brp/wtrm/reports.htm

Section A - General Information

1. Facility information:

Facility Name		Address	
Town/City	Zip Code	Registration Number	
Permit Number (if applicable)		Registered Annual Average Daily Volume	
River Basin		Permitted Annual Average Daily Volume	

2. Responsible Party Information:

Name		Phone Number	
Mailing Address	Town/City	Zip Code	

Note: your registration number and/or permit number appear on your mailing label.



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Section B - Individual Withdrawal Points Information

Make additional copies of this section if you have more than four withdrawal points.

Please use separate annual report forms if you are reporting on withdrawals from more than one river basin.

1. Withdrawal point	Name	Name	Name	Name
2. Location of withdrawal point	City/Town	City/Town	City/Town	City/Town
3. Metered or estimated	<input type="checkbox"/> metered <input type="checkbox"/> estimated	<input type="checkbox"/> metered <input type="checkbox"/> estimated	<input type="checkbox"/> metered <input type="checkbox"/> estimated	<input type="checkbox"/> metered <input type="checkbox"/> estimated
4. Meter type				
5. If metered, date of last calibration	Date	Date	Date	Date
6. If unmetered, how was the estimate of gallons derived?				
	<input type="checkbox"/> a. Time of Operation (hours pumped times pump capacity)			
	<input type="checkbox"/> b. Other Method (describe):			
7. Please enter total meter data and/or estimates from each point for each month.				
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				
Sources Total	Millions of Gallons	Millions of Gallons	Millions of Gallons	Millions of Gallons

8. What is the date of maximum withdrawal volume?

Date	Date	Date	Date
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Section C - Total Monthly Withdrawals Information

(Add All Section B - Individual Withdrawal Points - Gallons Pumped)

Month

Note: complete
table for the year
January 1, 2003
through
December 31,
2003.

January	Total water withdrawn from ALL withdrawal points
February	Total water withdrawn from ALL withdrawal points
March	Total water withdrawn from ALL withdrawal points
April	Total water withdrawn from ALL withdrawal points
May	Total water withdrawn from ALL withdrawal points
June	Total water withdrawn from ALL withdrawal points
July	Total water withdrawn from ALL withdrawal points
August	Total water withdrawn from ALL withdrawal points
September	Total water withdrawn from ALL withdrawal points
October	Total water withdrawn from ALL withdrawal points
November	Total water withdrawn from ALL withdrawal points
December	Total water withdrawn from ALL withdrawal points
Total 2003 Gallons	

1. Number of days in operation: ☐ 365 Specific Number of Days in Operation: _____

Note:
Average Daily
Demand = Total
Million Gallons
Per Year divided
by the total
number of days

2. Average Daily Demand (ADD): When calculating Average Daily Demand - use the number of "Days of Operation" shown on your registration statement or permit.

Average Daily Demand (in Gallons)



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Section D - New Withdrawal Points

If you have added any new withdrawal points, you may need a Water Management Permit. Contact Water Management Program Boston staff immediately at (617) 292-5706 to discuss.

1. Name and location of new withdrawal points from which you withdrew water in 2003:

Name	Location	Type (Well or Surface)	
_____	_____	<input type="checkbox"/> Well	<input type="checkbox"/> Surface
Name	Location		
_____	_____	<input type="checkbox"/> Well	<input type="checkbox"/> Surface
Name	Location		
_____	_____	<input type="checkbox"/> Well	<input type="checkbox"/> Surface
Name	Location		

Section E - Permit and Registration Conditions

As a condition of your Water Management registration or permit, DEP may require that you provide certain information on an annual basis (for example, wetlands or groundwater level monitoring reports). These conditions would be listed in your permit. Please review your permit to determine your reporting requirements.

Type of Condition	Was a report provided to DEP Regional Office?	Approximate Date Report submitted to DEP Regional Office
a. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
b. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	date _____
c. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	date _____

Section F - Certification

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate and complete."

Print Name of Certifying Person	Signature of Certifying Person		
Title	Date		
If different from front, provide new mailing address	State	Zip Code	Phone Number